

**STATE OF DELAWARE 2011 OPEN ENROLLMENT
SMART ENROLLMENT ANALYZER
FREQUENTLY ASKED QUESTIONS**

1. I have received the Smart Enrollment Analyzer and want to know who is Thomson Reuters and why do they have my health care information?

Thomson Reuters is the data mining vendor for the State of Delaware's Group Health Insurance Program. They are provided with health and prescription costs of State of Delaware members in order to analyze healthcare data for cost savings, improved healthcare quality and better outcomes in healthcare administration and utilization. They utilize predictive modeling and other tools to analyze and improve the effectiveness of case and disease management programs by our vendors and to assist the State in working to keep premiums affordable and determining where benefit plan changes should be made. Your information is not individually identifiable as information is scrambled or viewed in aggregate (total). The State of Delaware does not have access to your personal health care information which was provided in your Smart Enrollment Analyzer.

2. I have received the Smart Enrollment Analyzer and the summary cost and services information is inaccurate or unfamiliar. What should I do?

Your Smart Enrollment Analyzer is populated based on information sent by your health plan to Thomson Reuters. If you have access to more recent information through your health plan or explanation of benefits statements you've received, it might be useful to review those sources. If you know your approximate out-of-pocket expenses over the last 12 months, you can still use that information as a starting point for estimating your expenses for next year.

3. I have received the Smart Enrollment Analyzer and my most recent claims costs don't seem to be included in my summary. Why not?

Your information displayed in your Smart Enrollment Analyzer is based on the most recent paid claims data received from your health plan. Generally, the most recent paid claims included in your Smart Enrollment Analyzer will be around 3 months old. In order to help you understand your historic healthcare costs, Thomson Reuters tried to include at least 12 months of your history.

4. I have received the Smart Enrollment Analyzer and the summary cost and services information is displaying zero totals for either costs, services, or both. Why is there no information showing for me and my family?

Your Smart Enrollment Analyzer is populated based on the information sent by your health plan to Thomson Reuters. There are, however, a number of situations that can result in showing zero dollars or services for the period of time on the report:

- You had no medical or prescription drug claims paid
- You had paid claims, but no out-of-pocket expenses
- You had claims, but they were not paid in time for Thomson Reuters to receive information about them
- Thomson Reuters did not have access to your paid claims information

5. What is included in the Other Medical Services category on the Smart Enrollment Analyzer?

The Other Medical Services category includes such services as allergy shots or injectables, therapy services, diagnostic tests (like electrocardiograms – EKGs), dialysis, durable medical equipment, and home health.

6. How is Thomson Reuters calculating my Estimated Out-of-Pocket Expenses for comparing my plan options?

Thomson Reuters took your most recent 12 months of paid medical and prescription drug claims as a starting point. They then took the annual premium amounts (payroll deductions) for each plan and estimated out-of-pocket costs for next year. To estimate the out-of-pocket expenses, Thomson Reuters used your expected healthcare costs and applied detailed information that is known about each plan (copayments, deductibles, coinsurance, and out-of-pocket maximum limits).

7. Why don't my estimated costs for 2011-2012 plan year on the top of page 3 match the costs shown on the previous page for 2009 – 2010?

Your estimated costs/expenses are based on your most recent previous 12 months of health costs known to Thomson Reuters at the time the Smart Enrollment Analyzer was produced – March 1, 2010 to February 28, 2011. The costs for 2009 to 2010 are from July 1, 2009 to June 30, 2010 and July 1, 2010 to December 31, 2010 therefore would not match the estimated annual costs for 2011 – 2012.

8. Why isn't the annual premium shown for the HMO plans what I am paying for my Aetna or Blue Cross Blue Shield of Delaware (Blue Care) HMO plan?

The premium shown for the HMO plans is an average of the Aetna HMO and Blue Care HMO premiums so will not be exactly what you are paying for the Aetna or Blue Care HMO.

9. I received the Smart Enrollment Analyzer and the premiums in the Did You Know? section are not correct, why?

The premium for July 1, 2009 to June 30, 2010 was calculated by taking the monthly premium of the health plan that you were enrolled in as of July 1, 2009 and annualizing it by multiplying by 12 months. If you changed plans or coverage levels (employee only to employee and spouse) or became eligible or ineligible for double state share during the plan year the premium shown on the Smart Enrollment Analyzer may not match what you actually paid. Similarly for July 1, 2010 to December 31, 2010, the premium was calculated by taking the monthly premium of the health plan that you were enrolled in as of July 1, 2010 and multiplying it by 6 months. If you changed plans or coverage levels (employee only to employee and spouse) or became eligible or ineligible for double state share during the plan year the premium shown on the Smart Enrollment Analyzer may not match what you actually paid. In addition, if you are a school district employee and receive flex credits to offset your employee share of the premium, these flex credits were not deducted from the annual premium shown. In this case, you would actually pay less than the premium shown.

10. I often hear that the State pays for 93%, on average, of my health care but my Smart Enrollment Analyzer is indicating that the State is paying a lower percentage?

The 93% figure is based on what percentage of the total health care premium is paid by the State versus the employee. You are seeing a lower percentage on the State paid percentage as your out-of-pocket costs are included in your share of the total, increasing your percentage of the total.

11. Why doesn't the Smart Enrollment Analyzer include more detailed information on my family members? I would like to see more detailed information on my dependents' healthcare information.

Due to HIPAA regulations and the strict privacy policies of Thomson Reuters, dependent information can only be included at a family summary level. If you want to see more detailed information on your dependents' healthcare claims you can check on your health plan's website or call them directly to see what information they can provide.

12. Why can't I enroll in a Flexible Spending Account now?

The State of Delaware's FSA plan follows the calendar year. therefore, you cannot enroll in the FSA plan until open enrollment for FSA in November 2011 for the 2012 calendar year unless you have a qualifying event such as marriage, birth of a child, employment status change, etc. If you do, however, want to begin to claim expenses for an adult dependent child, ages 24 – 26, that you did not account for in 2011, you may enroll in FSA now or change your current election due to that dependent age change as a result of the Patient Protection and Affordable Care Act. Information on the State of Delaware FSA Program is available at <http://ben.omb.delaware.gov/fsa>.